MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 586 341
FILING DATE 7-14-06
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		3					53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10	1	( )					60						
11							61						
12	1						62						
13		1					63						
14							64						
15							65						
16							66						
17							67						
18							68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						